

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 11/21/08		2 Serial/Patent # 10/599,173			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
<input checked="" type="checkbox"/>	Extension of Time	WFEE	09/30/08	\$ 1,050.00	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 1,050.00
8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check			
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:		
	Duplicate Payment		9 1 9 -- 1 9 7 0		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
Extension of time filed outside maximum extendable period for reply.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Andrea M. Smith		TITLE: Petitions Examiner			
SIGNATURE: /Andrea M. Smith/		PHONE: 2-3226			
OFFICE: Office of Petitions					
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APPROVED: _____			DATE: _____		

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Crystal Park One, Room 802B**

Electronic Acknowledgement Receipt


Wjll

EFS ID:	4036920
Application Number:	10599173
International Application Number:	
Confirmation Number:	5331
Title of Invention:	Biological Information Measuring Garment Having Sensor, Biological Information Measuring System and Equipment, and Control Method of Equipment
First Named Inventor/Applicant Name:	Shinya Nagata
Customer Number:	62574
Filer:	Jason Vick/Christine Jacquet
Filer Authorized By:	Jason Vick
Attorney Docket Number:	5553NA3-1
Receipt Date:	30-SEP-2008
Filing Date:	05-JUL-2007
Time Stamp:	18:20:31
Application Type:	U.S. National Stage under 35 USC 371

Payment information:

Submitted with Payment	yes	Adjustment date: 11/26/2008 LDTED1 10/01/2008 INTEFSW 00010627 191970 10599173 02 FC:1253 1050.00 CR
Payment Type	Deposit Account	
Payment was successfully received in RAM	\$2590	
RAM confirmation Number	10627	
Deposit Account	191970	
Authorized User		
<p>The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:</p> <p>Charge any Additional Fees required under 37 C.F.R. Section 1.19 (Document supply fees)</p> <p>Charge any Additional Fees required under 37 C.F.R. Section 1.20 (Post Issuance fees)</p>		

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 5553NA3-1 Confirmation No. 5331	
Application Number 10/599,173		Filed 07/05/2007	
For Biological Information Measuring Garment Having Sensor, Biological Information Measuring System and			
Art Unit 3735		Examiner SAIDI	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1050
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45285</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		September 30, 2008 _____ Date	
Jason H. Vick _____ Typed or printed name		(303) 863-9700 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>one (1)</u> forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.